

*Medi-Cal Management Information
System and Decision Support System (MIS/DSS)*

*Data Enhancement Functional Specifications
for Performance Measurement Workstation
(PMW)*

Phase 5



March 23, 2000

1. Overview

The MEDSTAT Performance Measurement Workstation 2000® (PMW 2000) is designed to support comprehensive reporting of the National Committee on Quality Assurance's (NCQA's) HEDIS® 2000 reporting measurement set. PMW is being used by the California Department of Health Services Medi-Cal program as a component of the Management Information System and Decision Support System. Each year, The MEDSTAT Group updates the methodology used in PMW to support changes in NCQA's HEDIS® specs.

Both Fee-For-Service and capitated Health Plan data will be included in PMW. The user will be able to generate reports by individual Health Plans - including Fee For Service, County and Eligibility Category. This Background Document describes the extract criteria being used to pull data from the DataScan DB2 tables as well as the PMW build process on the Windows NT platform. Further documentation on the PMW functionality and reporting measures can be found in the *PMW Technical User's Guide*.

2. Prerequisites / Pre-Conversion

Before the PMW database can be built for a calendar-reporting year, there must be 6 months of data lag in the DataScan database tables to ensure completeness. For example, the DataScan tables must be updated through June 2000 before the PMW database for calendar year 1999 is created.

3. Extract Criteria

The PMW database is built from data that is extracted from the DB2 Tables used in DataScan. There is a separate extract job run for each table. The converted Eligibility data that is used as input to the Populations conversion process is the source used to extract Membership data. The Outpatient Service, Inpatient Service, Outpatient Paid, Inpatient Case, and the Drug tables are used to extract the Claims data required by PMW.

There are two criteria sections outlined below. The two criteria must be met for the data to be extracted from the seven tables mentioned above. The first criterion is based on PRODUCT, the Medi-Cal Plan Model Type in which the eligible is enrolled (e.g., FFS, Two-Plan Commercial Plan, GMC, etc.). Select criterion #2 is based on a selection date, either ENROLLDT, ADMDT or SVCDATE, depending on the table from which the data is being extracted. The selection date represents the first day of the year following the reporting year for which the PMW database is being built.

The specific rules for each of these selection criteria are described below:

3.1 Select Criteria #1

Data for Fee For Service and Managed Care eligibles is extracted from the Outpatient Service, Inpatient Service, Outpatient Paid, Inpatient Case, and the Drug where PRODUCT equals any one of the following:

- 1 (COHS)
- 2 (Commercial Plan – 2 Plan Model)
- 3 (Fee For Service)
- 5 (GMC)
- 6 (Local Initiative – 2 Plan Model)

3.2 Select Criteria #2

When selecting Eligibility records to be extracted, we consider the enrollment date. For Inpatient and Case service records, we must use the Admission Date and add the number of days in the hospital. From the Outpatient Claim and Drug service records, we examine the Date the Service was rendered.

The table below describes an example of the selection criteria when building a 1999 PMW database.

DataScan DB2 Table	Selection Criteria
Eligibility/POPS	ENROLLDT < 2000-01-01
Inpatient/Case Tables	ADMDT + DAYS < 2000-01-01
Claim Services and Drug Table	SVCDATE < 2000-01-01

Audit Reports are produced from the extract process. The audit reports produce counts of records written to each of the PMW destination tables listed above. Additionally, the Audit reports produce a count of the number of records recoded by the Clinical Recode Table. The audit reports are used to balance record counts between the extract and build process.